

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41768

1. PLACE OF DEATH

County Remiscot  
Township Virginia  
City Denton (No. ....)

Registration District No. 655  
Primary Registration District No. 5877

File No. ....  
Registered No. ....  
St. .... Ward)

FULL NAME

(a) Residence, No. Stille 740 St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 2.0 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ela Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1895

7. AGE YEARS 36 MONTHS 2 DAYS 16 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME Jeff. Welch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Elsie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT F. Mc Clanahan (ADDRESS) Stille 740 R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman Cem DATE 12-9-31

19. UNDERTAKER Heaman Undertaking Co (ADDRESS) Stille 740

20. FILED 11 19 31 Max L. Kelly Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Dec. 8, 1931

I last saw him alive on 12-7-, 1931. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chlorosis of heart & that to be cancerous & metastatic  
46 E  
124 B  
132 A / 124 B

Other contributory causes of importance: None of my knowledge

Name of operation None Date of —

What test confirmed diagnosis? Examination Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury —, 19 —

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury — Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Dr. W. L. ... M. D.

(Address) Harbro Ark

